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COUNTY COUNCIL OF NORTHUMBERLAND
EDUCATION COMMITTEE

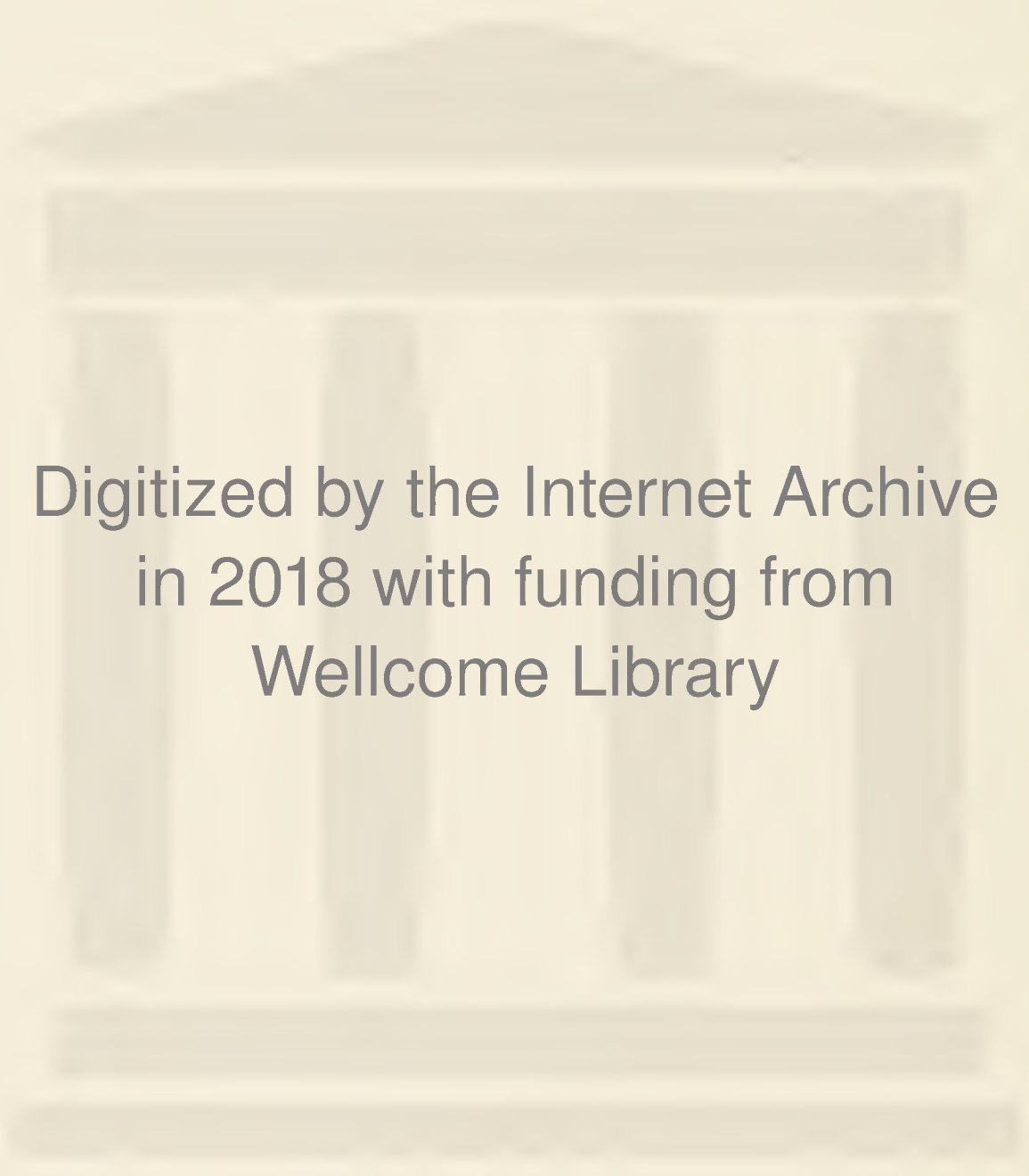
ANNUAL REPORT
of the
Principal School Medical Officer
for the
YEAR 1954



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COUNTY OF NORTHUMBERLAND.

**REPORT OF THE PRINCIPAL SCHOOL MEDICAL
OFFICER FOR THE YEAR 1954.**

To the CHAIRMAN AND MEMBERS OF THE
NORTHUMBERLAND EDUCATION COMMITTEE.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present the report on the School Health Service for 1954. As the school population in the county expands, the calls upon the School Health Service are increased, and it is a matter for regret that, owing to shortage of staff over part of the year, the number of medical examinations carried out was less than in the previous year. It should, however, be noted that there was an increase in the number of medical examinations carried out by the school doctors in connection with examination of entrants to the teaching profession, of children for part-time employment and of children boarded-out in the county.

The continued success of the system of tuberculin testing introduced in 1953 is of interest and the scheme appears to be of value in connection with the prevention of tuberculosis. The percentage of tuberculin positive reactors was slightly smaller than in 1953. The general health of the school children was satisfactory and this is reflected by the fact that 98% were found to be normal or better than normal in condition. The number of children needing eye examinations continues to increase and during the year 6,400 children were seen by the ophthalmologists. Despite this, increased facilities are desirable to meet the needs of all parts of the county. At the present it is of interest that some 4,000 pairs of spectacles are provided for school children in Northumberland each year. There was an appreciable reduction in the waiting list for children requiring operation for enlarged tonsils and adenoids and many more operations were performed during the year. Further progress was again made in the treatment of speech defects, and it is interesting to note that the number

of children treated has increased from 63 in 1947 to 611 in 1954. This increase has been achieved despite staffing difficulties, and there can be no doubt of the value of the service which the Committee established in 1950.

The report of the dental service shows that a record number of children were treated and a record amount of work was carried out by the school dentists during the year. It is of interest to note that more than 200 partial dentures were supplied to school children and that about 1,000 x-rays were taken in connection with the service. Despite the increased work, there was no reduction in the amount of dental disease discovered on examination, and it is clear that more dentists will be needed before that frequency of examination is achieved which is desirable.

The report again reflects the amount of work that is done by the doctors, dentists and health visitors of the Department, and I would express my thanks to them. In particular, I would like to thank Dr. W. J. Pierce, who has undertaken the preparation of much of the report, Mr. Robinson, the Principal Dental Officer, and Mr. Todd, who has been responsible for the clerical and statistical work of the Service. I should also like to record my appreciation of the help given during the year by the Committee, the Director of Education and his staff.

I am, Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient Servant,

JOHN B. TILLEY,
Principal School Medical Officer.

COUNTY HALL,

NEWCASTLE UPON TYNE, 1.

STAFF.

Principal School Medical Officer.

J. B. TILLEY, M.D., B.Hy., D.P.H.

Senior School Medical Officer.

W. J. PIERCE, M.B., Ch.B., D.P.H.

School Medical Officers.

W. W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.

J. DEEGAN, M.B., B.S. (Commenced 8th November, 1954.)

MARY W. DEWELL, M.B., B.S.

EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.

G. T. W. GOWDIE, L.R.C.P. (Edin.), L.R.C.S., L.R.F.P. & S. (Glas.). (Appointment terminated 30th April, 1954.)

ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.

R. A. MATTHEWS, M.B., B.S., M.R.C.S., L.R.C.P. (Commenced 1st November, 1954.)

ANNA M. REID, M.B., Ch.B., D.P.H.

Ophthalmologists.

*H. H. AITCHISON, M.R.C.S.

*L. W. DAVIES, M.B., B.S., M.R.C.S., L.R.C.P., D.O.M.S.

*J. D. MILNE, L.R.C.P., L.R.C.S., D.O.M.S.

*V. G. O'LEARY, M.B., B.Ch., B.A.O.

*A. T. PATERSON, M.D., F.R.C.S.

*A. K. TOWERS, M.D., D.P.H.

Consultant Dermatologist.

*S. THOMPSON, M.D.

Consultant Orthopaedic Surgeon.

*C. C. M. JAMES, F.R.C.S.

Speech Therapists.

*ISABEL M. ALDER, L.C.S.T. (Resigned 3rd July, 1954.)

MARGARET MURPHY, L.C.S.T. (Commenced 6th September, 1954.)

ANN TATTERSFIELD, L.C.S.T., M.A., Iowa, U.S.A. (Resigned 23rd July, 1954.)

JOAN TAYLOR, L.C.S.T. (Resigned 31st October, 1954.)

Superintendent Physiotherapist.

ALICE M. ROGERS, M.C.S.P., O.N.C.

Physiotherapists.

JOYCE M. ARKLE, M.C.S.P., O.N.C. (Resigned 31st August, 1954.)

SYLVIA M. TONES, M.C.S.P.

VALERIE L. LOW, M.C.S.P., O.N.C. (Commenced 1st November, 1954.)

MURIEL PEEL, M.C.S.P., O.N.C. (Commenced 1st December, 1954.)

Superintendent Health Visitor.

ANN A. GRAHAM, S.R.N., H.V.Cert., R.S.I.

Deputy Superintendent Health Visitor.

MAY FOTHERGILL, S.R.N., S.C.M., H.V.Cert., R.S.I.

Principal School Dental Officer.

A. E. ROBINSON, F.D.S.R.C.S.

Dental Officers.

PATRICIA M. ADAMSON, B.D.S. (Commenced 6th September, 1954.)
 C. D. ANDERSON, L.D.S. (Commenced 1st December, 1954.)
 JEANETTE A. BODENHAM, L.D.S. (Commenced 6th September, 1954.)
 AGNES N. COOK, L.D.S. (Commenced 5th April, 1954.)
 J. T. COOK, B.D.S. (Resigned 13th January, 1954.)
 E. T. CUNNELL, B.D.S.
 A. E. H. DOVE, L.D.S. (Resigned 30th November, 1954.)
 AUDREY E. ERSKINE, L.D.S.
 *IRENE S. FAITH, L.D.S. (Resigned 25th March, 1954.)
 HELEN C. GENT, B.D.S.
 JOSEPHINE T. GRIFFIN, L.D.S. (Commenced 5th January, 1954.)
 SHIRLEY J. HAGGIE, B.D.S. (*nee* Mawer).
 A. E. HURFORD, B.D.S. (Resigned 27th November, 1954.)
 T. A. IRELAND, L.D.S.
 W. J. IRVINE, L.D.S.
 SHIELA M. KENNEDY, B.D.S. (Resigned 28th February, 1954.)
 MARGARET I. LAMB, L.D.S.
 SHIRLEY E. LONG, L.D.S. (Commenced 6th September, 1954.)
 JEAN MUNRO, L.D.S. (Commenced 14th January, 1954.)
 W. P. NEILSON, L.D.S.
 MARION J. PATTERSON, L.D.S. (*nee* Mickler).
 W. ROBSON, L.D.S.
 J. W. RUSSELL, L.D.S. (Commenced 11th January, 1954.)
 S. D. SHAH, L.D.S.
 T. T. SHIELDS, L.D.S. (Commenced 5th January, 1954.)
 S. J. SMITHSON, L.D.S.
 K. WAKE, L.D.S.

*Wallsend Divisional Executive.**Divisional School Medical Officer.*

G. M. CUBIE, M.B., Ch.B., D.P.H.

School Medical Officers.

MARGARET H. McKEITH, M.B., B.S. (Resigned 30th June, 1954.)
 ISOBEL JEAN McLARTY, M.B., Ch.B. (Commenced 1st October, 1954.)

* Part-time.

SCHOOL POPULATION.

The school population increased during the year by 2,313, the total being 67,813. Of this number, 34,582 were boys and 33,231 girls. These children were accommodated in 13 Grammar, 45, Modern, 327 Primary and 2 Hospital Schools.

SCHOOL MEDICAL INSPECTION.

The General Medical Inspection was carried out as follows:—

- (1) On entrance to the Primary School (5 years of age).
- (2) On admission to the Senior or Grammar School (11 years of age).
- (3) During the last year of school life (14 years of age or later in the case of Grammar School pupils).

In addition to these examinations, sight tests were carried out by School Nurses at 8 years of age (i.e., on entrance to the junior school).

The number of examinations carried out at Periodic Medical Inspection was 13,518. This was 6,134 fewer than was done last year.

Those children found to have defects at the Periodic Medical Inspection were re-examined at a later date. Such examinations numbered 17,345, and in addition 6,670 children brought to the notice of the School Medical Officers by Health Visitors, teachers, parents and Education Welfare Officers, were examined. This shows a total of 24,015 examinations, which was 3,246 more than last year.

The overall decrease in the total number of examinations is, therefore, only 2,888. This decrease can be expected, there having been one doctor short of the establishment for seven months of the year, and also the children seen at 10 years of age last year were not seen again this year.

Although parents are encouraged to attend at medical examinations, the percentage of attendances decreased. During this year 64·3 per cent. attended, compared with 71·2 per cent. last year. There are probably two factors to account for the decrease, one being the smaller number of examinations in the second age group and, of course, the increased number of mothers who go out to work. It is a pity that parents do not take more advantage of this opportunity to see the doctor with the child, as valuable information can be exchanged.

THE FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

Children in the Modern and Primary Schools and, when considered necessary, in the Grammar Schools, were examined in respect of the state of cleanliness of the scalp and body by the School Nurses, without prior notification. The number of examinations carried out was 169,112 on 62,390 pupils, of whom 4,199 were found to be infested. This showed a percentage of 6·7 against 6·6 of last year.

Defects.

The following table shows the defects noted at Periodic Medical Inspection:—

Condition.	Referred for Treatment.	Under Observation.
Ringworm—Scalp	—	—
Body	3	—
Scabies	1	—
Impetigo	17	2
Chronic Tonsillitis	61	376
Adenoids	27	44
Chronic Tonsillitis and Adenoids	218	210
Otitis Media	82	100
Defective Hearing	61	111
External Eye Diseases	59	68
Defective Vision	666	601
Squint	209	166
Pulmonary Tuberculosis	6	10
Non-Pulmonary Tuberculosis ..	6	4

A comparison of the percentage of some defects found with the percentage of last year is shown, from which it will be seen that there is no alarming rise or fall and no comment appears necessary, except that defects of vision continue to show an increase.

DEFECTS FOUND AT PERIODIC MEDICAL INSPECTION.

	1953 Percentage.	1954 Percentage.
Tonsils and Adenoids	8·2	6·2
Otitis Media	1·3	1·3
Hearing	1·3	1·3
Vision	14·6	21·2
Pulmonary Tuberculosis	·15	·12
Non-Pulmonary Tuberculosis ..	·2	·08
Skin	·16	·17

Tuberculosis.

It will be remembered that the tuberculin testing of school entrants was commenced in September, 1953, when the percentage of reactors found over the three months period was 8·2. This year the figure is 7·6 covering the twelve months.

Entrants at 164 schools were tested during 1954, numbering 5,255, of whom 400 were found to react to the test. The names of the children found to react were sent to the Chest Physician of the area and eventually they were called for x-ray examination. In addition, the remaining members of the household were also invited to attend, in order to trace the source of contact.

The willing co-operation of Head Teachers and parents in carrying out these tests is greatly appreciated. It has also been found that parents, usually dubious of new schemes, have been very keen to consent to their children being tested, because the number of children withheld from the tests has been very small.

A table has been compiled giving details of the year's work, from which it will be seen that of the children tested in the urban areas 7·0 per cent. were reactors, and of those tested in the rural areas 10·4 per cent. The comparative figures for the three months' period of last year were 7·7 per cent. for urban areas and 12·8 per cent. for rural areas.

			No. of Schools in which Test carried out.	No. of Children Tested.	No. of Reactors.	Percent- age of Reactors.
<i>Boroughs.</i>						
Berwick	..	..	7	247	6	2·4
Blyth	..	..	10	418	13	3·1
Morpeth	..	..	4	67	8	11·9
Wallsend	..	..	10	853	35	4·1
Whitley Bay	..	..	5	282	16	5·7
<i>Urban Districts.</i>						
Alnwick	..	..	2	136	6	4·4
Amble	..	..	2	87	1	1·1
Ashington	..	..	3	230	9	3·9
Bedlington	..	..	10	299	23	7·7
Gosforth	..	..	5	208	10	4·8
Longbenton	..	..	14	669	79	11·8
Newbiggin-by-the-Sea..			4	140	13	9·3
Newburn	..	..	6	372	18	4·8
Seaton Valley	..	..	11	321	67	20·9
<i>Rural Districts.</i>						
Alnwick	..	..	15	166	13	7·8
Belford	..	..	1	19	—	—
Castle Ward	..	..	8	128	6	4·7
Glendale	..	..	13	90	6	6·7
Hexham	..	..	12	154	29	18·8
Morpeth	..	..	7	238	34	14·3
Norham & Islandshires			9	89	4	4·5
Rothbury	..	..	6	42	4	9·5

The School Medical Officer for one of the Southern areas in the County, reporting on tuberculin skin-testing, wrote:—

“ Routine tuberculin testing of school entrants in my areas revealed an overall percentage of positive reactors of 5·2. The highest recorded was 12 per cent. at one school, whereas to offset this there were no reactors in another school. X-ray facilities were offered to all reactors and to all members of their households.

An analysis of 42 reactors showed:—

- 2 had received B.C.G. vaccination.
- 7 were already attending the Chest Clinic periodically for check up as contacts of known cases.
- 17 had a clear X-ray.
- 6 showed evidence of healed primary infection.
- 2 required further observation.
- 1 left the district.
- 1 refused X-ray.

Of the members of the household, response varied, but on the whole was very good. Some instances of apparent default were due to the person having been x-rayed at his or her place of work. In one family of eight all members attended for x-ray and were found to be negative.”

Special Field Survey.

A special field survey regarding tuberculosis was organised by Dr. L. W. Carstairs, Senior Registrar of Wooley Sanatorium Hexham, and Dr. M. W. Dewell, School Medical Officer. The entire population of the Otterburn district was given the opportunity of being tuberculin tested and x-rayed. School children, teachers and canteen staff were tuberculin tested by the multiple puncture method in the schools by the School Medical Officer. Of 238 children tested, only 36 gave a positive reaction. Children were conveyed by bus to the Mass Radiography Unit stationed in Otterburn and it is very gratifying to note that nothing abnormal was detected in any of the school children x-rayed.

Not all parents gave consent, e.g.:—

- 2 were X-rayed but refused tuberculin testing.
- 2 refused both.
- 2 refused X-ray but were willing to be tuberculin-tested.

B.C.G. Vaccination.

Preliminary arrangements were made for carrying out B.C.G. vaccination of school children at the age of thirteen, but no vaccination was possible during the year. At the time of writing, I can report that the scheme has been successfully introduced in 1955.

MEDICAL TREATMENT.

Details of the treatment carried out in School Clinics are given in subsequent pages of the report.

SKIN DISEASES.

A Skin Clinic is held twice per month at Gosforth and is attended by Dr. Sydney Thompson, the Consultant Dermatologist. The number of children who are seen continued to be small. Only 20 school children attended for treatment. The clinic is also attended by pre-school children. The main types of skin conditions treated were:—

Ringworm.
Psoriasis.

Alopecia Areata.
Plantar Warts.

It has been necessary to give x-ray treatment for ringworm of the scalp to two boys during the whole year.

OPHTHALMIC TREATMENT.

Clinics throughout the County are held in schools, school clinics and Child Welfare Centres. Children found at school to have eye defects are referred for refraction to the Ophthalmic Surgeons who attend the clinics. Those found to require operative treatment receive it at the Newcastle upon Tyne Eye Hospital.

During 1954, 810 sessions have been held, at which 6,463 children were examined. Glasses were prescribed for 3,560 children. The comparative figures for 1953 were 762 sessions, 6,187 examinations, and glasses were prescribed for 3,444 children.

In addition to the 3,560 children who were prescribed glasses at these clinics, 510 children had them prescribed otherwise, making a total of 4,070, which was an increase of 139 over last year.

Forms are issued to children who damage or lose their glasses, and 1,068 of these forms (O.S.C.10) were issued authorising the repair or replacement of their glasses. Payment for these repairs and replacements are made by the Northumberland Ophthalmic Services Committee and the Education Committee.

Orthoptic Treatment.

Children requiring this form of treatment for the correction of squint attend the Newcastle upon Tyne Eye Hospital. For those children who do not respond to Orthoptic exercises, surgical treatment is carried out.

The Administrative Officer has kindly supplied the following information concerning the children referred from School Clinics:—

Number of new cases	..	..	..	..	35
Number of discharges	..	..	..	..	109
Total attendances	..	..	..	..	1,266

Details of discharges:—

Orthoptically satisfactory	30
Cosmetic result	54
Failed to report	8
Refused operation	7
Improved	2
Not improved	2
Transferred to R.V.I.	1
Left district	3
Not suitable	2

It will be seen that 86 had satisfactory results, but it will also be noted that 15 parents denied their children the opportunity of the facilities offered to improve the sight of the children.

DISEASES OF THE EAR, NOSE AND THROAT.

Consent of the family doctor first having been obtained, children found to be suffering from diseases of the ear, nose or throat are referred for treatment by the School Medical Officer to the hospital nearest to their home. The numbers referred to the respective hospitals is shown. Information regarding those referred by the family doctors has also been supplied by the hospitals and is included in the following table:—

Hospital.	Number of Consultations.	
	1953.	1954.
Alnwick Infirmary	10	2
Berwick Infirmary	4	7
Ear, Nose and Throat Hospital, Newcastle upon Tyne	203	61
Hexham General Hospital	48	4
Hunter Memorial Hospital, Wallsend	44	70
Hospital for Sick Children, Newcastle upon Tyne	93	207
Newcastle General Hospital	2	35
Preston Hospital, North Shields	5	1
Thomas Knight Memorial Hospital, Blyth	195	450
Walkergate Hospital, Newcastle upon Tyne	13	95
Royal Victoria Infirmary, Newcastle upon Tyne	—	4
	<u>617</u>	<u>936</u>

The position at the end of the year was as follows:—

	1953.	1954.
Number awaiting consultation	86	10
Number on waiting list for operations	62	35
Number of operations carried out	350	826
Operations not advised	38	—
Other forms of treatment at out-patient departments or by family doctor and for review	47	31
Number of children recommended hearing aids	5	14
Number of children who failed to attend	29	3
No treatment advised	—	17
	<u>617</u>	<u>936</u>

ORTHOPAEDIC TREATMENT.

It was pleasing to report that at the end of the year the staff was at full strength. In view of the demand for increased clinics, the establishment was increased by one physiotherapist but it was not possible to implement this until December. The resignation of Mrs. Arkle at the end of August, due to family circumstances, meant that the clinics at Guide Post, Prudhoe and Newburn did not function for a short period, but the services of Miss Low were secured on 1st November, and Miss Peel was appointed on 1st December, bringing the service to full establishment.

Mr. C. C. Michael James, F.R.C.S., continues as Consultant Surgeon and attends clinics, together with Mr. Slack, Assistant Surgeon, in the areas other than the West of the County, which Mr. J. B. Kyle, F.R.C.S., attends. Mr. James, Mr. Kyle and Mr. Slack, being appointed by the Newcastle Regional Hospital Board, are able to give hospital treatment to patients found at the clinics to require this.

Details of the clinics held and the numbers seen are shown in the table:—

Clinic.	Number of Sessions:		Number of new cases examined by Orthopaedic Surgeons.	Total number of attendances by patients.
	Orthopaedic Surgeons for consultation.	Physiotherapists for treatment.		
Alnwick	23	43	75	391
Amble	9	16	17	247
Ashington ..	11	31	58	657
Berwick	12	21	35	348
Blyth	10	22	62	742
Gosforth ..	22	58	81	593
Guide Post ..	10	22	64	332
Hexham	9	13	9	146
Morpeth	10	22	42	618
Newburn	8	38	8	240
Prudhoe	7	11	6	120
Shiremoor ..	10	22	39	479
Wallsend ..	20	88	50	809
	161	407	546	5,722

ULTRA VIOLET LIGHT.

School children who require this treatment are referred to the following Child Welfare Centres:—

Clinic.						Attendances.
Alnwick	..	..	..	..	..	558
Ashington	..	..	..	..	..	146
Bedlington	..	..	..	..	..	106
Blyth	..	..	..	..	..	176
Dudley	..	..	..	..	..	4
Forest Hall	..	..	..	..	..	986
Gosforth	..	..	..	..	..	29
Seaton Delaval	..	..	..	..	..	125
Shiremoor	..	..	..	..	..	297
Whitley Bay	..	..	..	..	..	134
Wallsend	..	..	..	..	..	267
						2,828

SPEECH THERAPY.

The service has been carried on during the latter part of the year under great strain, and unless more enter the profession, difficulties will continue to be experienced in obtaining qualified staff. Between July and October, three members of the staff resigned : Mrs. Alder, who had been with the Authority since 1950, Miss Tattersfield on her marriage and Miss Taylor to take up an appointment in Ireland. Miss Murphy, who was appointed at the beginning of September, was able to keep a skeleton service going until the end of the year.

Miss Murphy, reporting on the Speech Clinics, wrote:—

“ On taking over the Speech Therapy Clinics, I selected the most urgent cases, as it was impossible to give treatment to all the children who had been attending the clinics. This meant that some of the children who had been receiving treatment had to be put on to a temporary waiting list. However, I am happy to say that by the end of December most of these children were again receiving treatment.

At some of the clinics, owing to large numbers and shortage of time, many children are making fortnightly and monthly attendances instead of weekly attendances. This tends to slow down the children's progress and is inclined to dishearten both the children and their parents.

The majority of parents are very co-operative and help and encourage their children, but some regard speech therapy as something which is only carried out in the clinic and not in the home. This is most unfortunate as co-operation in the home is a vital factor in speech therapy.

Valuable time would be saved if parents would make a point of notifying the clinics when their children are unable to keep appointments."

Five hundred and twenty-nine children received treatment during the year at clinics and an additional 84 at hospitals, making a total of 613 compared with 332 and 139 in 1953.

Details of the clinics are shown below:—

Clinic.	Number of treatment sessions.	Number of children who received treatment.	Number of children discharged.	Number of attendances made for treatment.
Alnwick ..	78	55	33	429
Ashington ..	78	71	28	812
Berwick ..	76	42	15	513
Blyth ..	130	83	30	559
Gosforth ..	72	90	38	408
Hexham ..	33	25	9	143
Newburn ..	31	35	8	186
Prudhoe ..	33	15	7	142
Morpeth ..	36	25	7	306
Wallsend ..	81	88	36	639
	<u>648</u>	<u>529</u>	<u>211</u>	<u>4,137</u>

Of the children discharged, 65 per cent. had normal or much improved speech, 25 per cent. failed to keep appointments and the remainder failed to respond to treatment or left the district. The number remaining on the waiting list at the end of the year was 157.

MINOR AILMENT AND CONSULTATIVE CLINICS.

This type of clinic now serves a dual purpose. Children with minor ailments are treated by the Health Visitor, and, in addition, the clinics are used by the School Medical Officers for various other examinations, such as entrants to Teachers' Training Colleges and children for employment.

Details of clinics held and attendances are shown in the table:—

Attendances.				Consultations by School Medical Officers.	
		1953.	1954.	1953.	1954.
Blyth ..	..	2,948	2,583	264	168
Cramlington ..	..	185	94	1	—
Gosforth ..	..	553	366	183	145
Wallsend ..	..	1,233	692	568	308
Others ..	..	106	67	54	50
		<u>5,025</u>	<u>3,802</u>	<u>1,070</u>	<u>671</u>

HANDICAPPED PUPILS.

The categories of handicapped pupils remain as last year and are as follows:—

- (a) Blind pupils.
- (b) Partially Sighted pupils.
- (c) Deaf pupils.
- (d) Partially Deaf pupils.
- (e) Educationally Sub-normal pupils.
- (f) Epileptic pupils.
- (g) Maladjusted pupils.
- (h) Physically Handicapped pupils.
- (i) Pupils suffering from Speech Defect.
- (j) Delicate pupils.

The number of handicapped pupils attending Special Schools and those requiring places are shown below:—

	Attending Special Schools.	Requiring places in Special Schools.
Blind	8	3
Partially Sighted	11	3
Deaf	45	10
Partially Deaf	6	3
Educationally Sub-normal	28	271
Epileptic	5	2
Maladjusted	3	8
Physically Handicapped ..	12	4
Delicate	8	5
	126	309

Nineteen children were reported to the Local Health Authority as being ineducable, and 13 considered to require supervision after leaving school.

Only those children who are handicapped to such an extent that only a Special School can give them the educational treatment essential are so recommended. The policy is that if children can be educated at an ordinary school, it is to their advantage, as they then feel that they are no different from other scholars, and it allows them to associate with the ones with whom they will compete in employment after leaving school.

Many educationally sub-normal children who might benefit from a Special Day School education are not recommended for this because no such facilities are available in Northumberland. It is anticipated that soon this type of schooling will be made available in the County for boys and girls.

During the year 30 children received education at home. This form of education is of great help to those who would otherwise receive no form of education and it is greatly

appreciated by the parents, who remark how the handicapped child makes all-round improvement by the interest thus stimulated.

CHILD GUIDANCE.

The School Medical Officers refer children for Child Guidance treatment because of various types of maladjustment. Pupils are brought to their notice by teachers, parents and probation officers. Consent of the child's family doctor having been obtained, cases are referred to the Child Guidance Clinic which is administered by the Sunderland Education Committee, as there is no clinic established in the County. The number of children referred and the types of defects are shown in the table:—

Enuresis (bed-wetting)	..	..	..	10
Larceny	..	..	..	2
Behaviour Problems	..	..	..	10
Emotional Disturbance	..	..	..	4
Nervous	..	..	..	3
				29

Details of the 22 cases closed are as follows:—

ENURESIS AND INCONTINENCE.—Ten cases were dealt with, requiring from 8 to 31 visits. Four cases were successfully treated and of the remainder, in three cases it was impossible to secure the mothers' co-operation; in another the mother could not attend through ill-health. In one, the child had epilepsy. Another boy was recommended for a school for maladjusted pupils.

STEALING.—Child sent to another school to make a fresh start and escape other children's taunts.

DESTRUCTIVENESS AND PILFERING.—Unsatisfactory home environment. Child recommended for Approved School.

JEALOUSY AND STEALING.—After 18 visits very good progress made at school. Child much happier and emotional disability remedied.

LACK OF PROGRESS AT SCHOOL AND STEALING.—After 19 visits and remedial coaching both mother and child reached a stage of stabilisation.

MALADJUSTMENT AND VIOLENT TEMPER.—Recommended for Residential School for Maladjusted Pupils.

STEALING.—After five visits excellent progress made. Mother and child happier and improved in health.

ASTHMA, BRONCHITIS, STAMMERING AND BAD TEMPER.—After 10 visits considerable progress made. Health also much improved.

TRUANTING.—After four visits attending school regularly and much improved in self-confidence.

SENSITIVENESS AND FEELING OF INFERIORITY.—Mother decided to send girl to private school.

MALADJUSTMENT.—Little progress made after 22 visits and vacancy eventually obtained in Boarding Home for Maladjusted Pupils.

TROUBLESOME ABOUT ATTENDING SCHOOL.—NIGHT FEARS.—After 14 visits case closed as parents critical and resentful of attending clinic.

SLEEPWALKING AND VERY SEVERE SPEECH DEFECT.—After 24 visits boy's maturity and social attitude much improved and speech clearer.

NIGHTMARES, FITS AND ENURESIS.—Child seen on two occasions and referred to Hospital for investigation. Suggestion of epilepsy—to be treated by own doctor.

HOSPITAL SCHOOLS.

Stannington Sanatorium.

Children admitted to the Sanatorium are provided with education by the Northumberland Education Authority. During the year 38 Northumberland school children were admitted and 34 were discharged.

When school children are discharged a medical report is received from the Medical Superintendent, and this is passed to the child's School Medical Officer so that a complete "follow-up" is possible.

W. J. Sanderson Orthopaedic Hospital.

Those children recommended for hospital and operative treatment from the school orthopaedic clinics are admitted to this hospital and continue their education, this being provided by the Authority. Admissions during the year numbered 75 and at the end of the year there were 32 children in the hospital.

On the discharge of a child, a report is received, giving information regarding the type of education suitable to the child.

INFECTIOUS DISEASES.

Head Teachers of all schools inform the School Medical Officers of any child absent with suspected infectious disease and, in addition, any who are contacts. This enables the doctors to advise the teachers regarding the prevention of the infection spreading and also to pass on the information and co-operate with the local Medical Officer of Health.

It will be seen from the list that Chicken Pox was prevalent and also that there were no cases of Diphtheria:—

					Cases.
German Measles	..	..	..	..	69
Impetigo	..	..	..	..	18
Meningitis	..	..	..	..	3
Jaundice	..	..	..	..	28
Measles	..	..	..	..	138
Conjunctivitis	..	..	..	..	1
Chicken Pox	..	..	..	..	1,033
Influenza	..	..	..	..	194
Mumps	..	..	..	..	508
Whooping Cough	..	..	..	..	121
Scarlet Fever	..	..	..	..	67
Poliomyelitis	..	..	..	..	8
Scarletina	..	..	..	..	6
Virus Infection	..	..	..	..	1
Liver Infection	..	..	..	..	1
Glandular Fever	..	..	..	..	2
Scabies	..	..	..	..	3
Gastritis	..	..	..	..	1
Gastric Influenza	..	..	..	..	3
Diarrhoea and Sickness	..	..	..	..	49
Gastro Enteritis	..	..	..	..	1
Enteritis	..	..	..	..	1
Ringworm	..	..	..	..	13
Shingles	..	..	..	..	1
Pink Eye	..	..	..	..	1
Dysentery	..	..	..	..	5
Paratyphoid Fever	..	..	..	..	1
Pneumonia	..	..	..	..	2

At the latter end of the year there was an outbreak of Scarlet Fever at Brown Rigg Camp School. This is a residential school situated at Bellingham in the valley of the North Tyne. The epidemic was investigated by the Senior School Medical Officer and Dr. J. M. McEwan, who is Area Executive Medical Officer and also School Medical Officer for that region. I am glad to report that the epidemic subsided at the end of the year. I append the report that Dr. McEwan was good enough to send to me.

OUTBREAK OF SCARLET FEVER AT BROWN RIGG CAMP SCHOOL, BELLINGHAM.

(Report of Dr. J. M. McEwan.)

This may only be in the nature of an interim report as, in spite of all preventive measures, sporadic cases may still occur. The course of the epidemic is shown in the table:—

Case. No.	Date of Notification.
1 ..	26th October, 1954.
2 ..	13th November, 1954.
3 ..	13th November, 1954.
4 ..	14th November, 1954.
5 ..	14th November, 1954.
6 ..	14th November, 1954.
7 ..	14th November, 1954.
8 ..	19th November, 1954.
9 ..	20th November, 1954.
10 ..	2nd December, 1954.
11 ..	13th December, 1954.

The first case of scarlet fever was notified on October 26th, and was admitted to Walkergate. Contacts were kept under observation, but no special measures were taken. On November 13th, two more cases occurred and on November 14th four more ; all were admitted to Scaffoldhill Hospital. Throat swabs were taken from all the children, and at the same time, all in the Camp, children and both teaching and kitchen staffs, were given a course of penicillin lozenges lasting for four days. A further case was notified on the 19th November and another on the 20th November, both within the incubation period of the disease. The four-day course of penicillin by mouth was repeated. Another case was notified twelve days later and a further case eleven days after that, each case developing after an interval longer than the incubation period of the disease. There were more cases before the Camp broke up for Christmas.

The long interval between the early and the later cases suggested a carrier as the source of infection, but enquiry showed that during this interval several members of the kitchen staff had sore throats; swabs were not taken and sulphonamides or antibiotics were not given. It appears a reasonable assumption that the condition was streptococcal. When this was found, all members of the Camp staff were investigated and one teacher was found to have a positive swab.

The position when the Camp broke up for Christmas was that three children, in spite of treatment, and one teacher, had positive throat swabs. These four were referred to their own doctors for treatment and the Medical Officers of Health of the areas they were going to were notified. It has been arranged that all children will have throat swabs taken before the school re-opens and that those with positive swabs will be excluded. During the holidays the camp buildings were scrubbed out and disinfected with formaldehyde.

The origin of the outbreak is not known, there being no other notification in the district, but where the children are exposed to outside infection by visits to the village and by visits from parents and friends, and where the kitchen staff travel in, infection at any time is possible. Throat swabs are taken before the children come to school, but in the following week infection may occur. In this outbreak control measures seem to have limited the number of cases, as the occurrence of six cases within 48 hours threatened a serious epidemic. The long interval between the case of 20th November and the next cases (10) and between that and the final case reported (11) may be due to the fact that a four-day course of penicillin was given after cases 9 and 10 were found and may have suppressed infection only temporarily or given temporary protection only.

In retrospect, it might have been wise to isolate the infective children instead of relying on penicillin to clear their infection. It would be helpful, too, if when cases of scarlet fever are occurring, cases of sore throat in adults, while not notifiable, were reported and were treated as streptococcal infections.

After a more extensive outbreak of scarlet fever in Brown Rigg Camp School in 1951, it was recommended that consideration be given to the possibility of obtaining additional accommodation to deal with infectious children when they are discovered. It is certainly advisable that those found with positive throat swabs should be isolated until they are clear, but instead of additional accommodation for infectious children it is suggested that additional sleeping accommodation be provided to the extent of an additional dormitory for each sex. This would reduce the risk of droplet infection, which must exist under the present sleeping arrangements, and would provide additional accommodation for isolation if required.

The present system of swabbing the throats of the children before they enter the Camp seems to give reasonable pro-

tection against scarlet fever outbreaks, and it is difficult to see how the risk of outside infection can be diminished.

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The number of children found at Medical Inspection to have been vaccinated against smallpox continues to decline and those immunised against diphtheria remain fairly static.

Year.			Percentage Immunised.	Percentage Vaccinated.
1947	..	..	89·8	34·8
1948	..	..	90·7	32·2
1949	..	..	88·8	31·1
1950	..	..	88·0	31·4
1951	..	..	87·1	34·6
1952	..	..	85·9	35·4
1953	..	..	88·1	34·5
1954	..	..	86·5	29·9

DENTAL SERVICE.

(Report of the Principal School Dental Officer.)

Staff.

There were again a number of staff changes during the year, but fortunately not so many as during 1953. Five Dental Officers resigned, but it was possible to fill these vacancies without undue delay. In addition, a new area was brought into being in Hexham district. Amble and Shiremoor clinics were also placed on a full-time basis instead of part-time as had been the case previously. These changes should prove to be of great advantage in the future.

The ratio of Dental Officers to school children is slowly becoming very satisfactory as the County is now divided up into a series of areas, most of which average just under 3,000 children per area. There are, however, several notable exceptions to this, viz., Berwick, Bedlington, Forest Hall and Wallsend. In future planning these areas might, with advantage, be sub-divided.

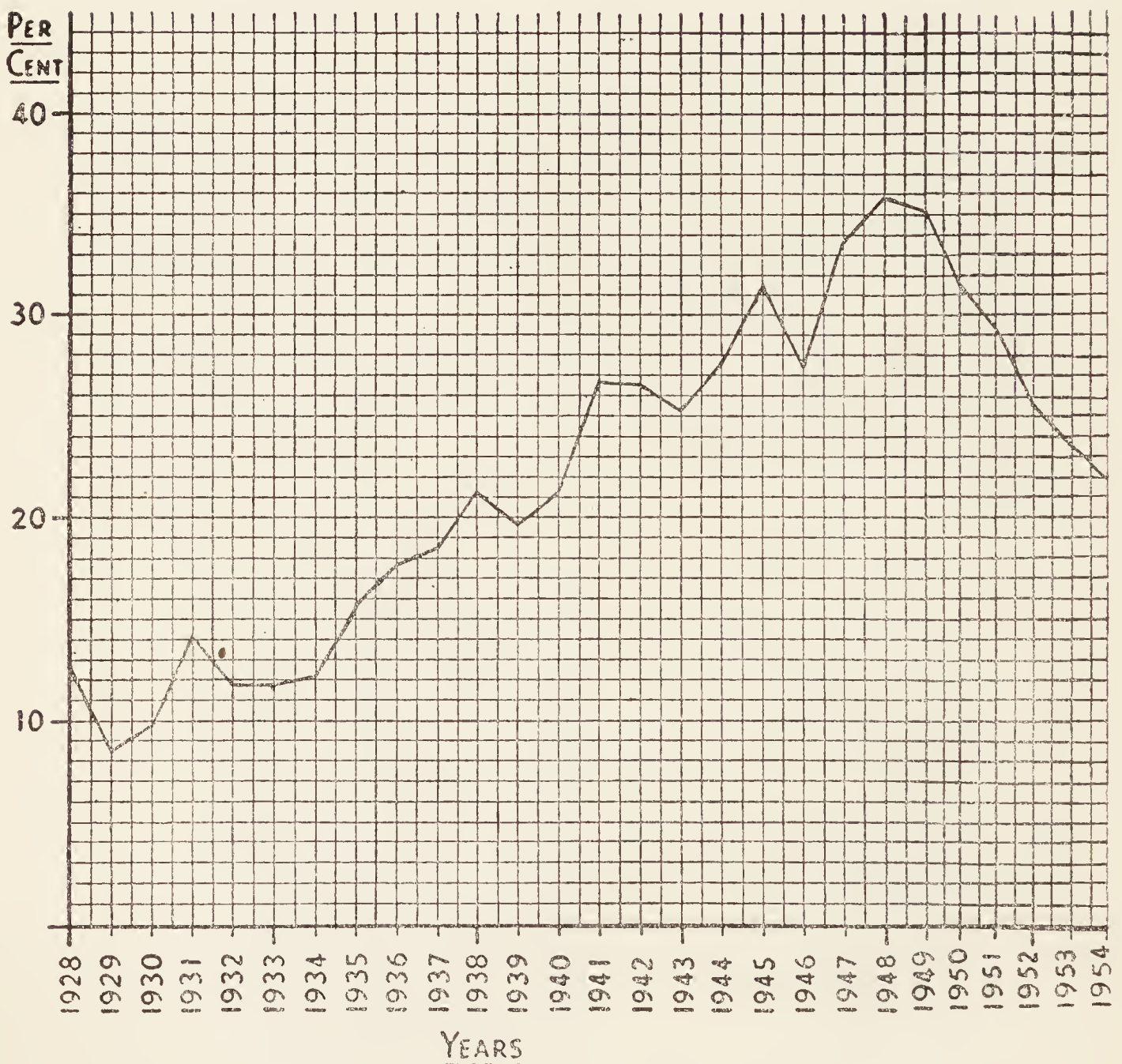
We were again unfortunate in having a lot of sickness amongst the staff during the year, a total of 598 sessions being lost through this cause.

At the end of the year the following areas were in operation:—

Area.	Dental Officer.
(1) Alnwick	Miss A. E. Erskine, L.D.S.
(2) Amble	Mr. J. W. Russell, L.D.S.
(3) Ashington I	Mr. W. J. Irvine, L.D.S.
(4) Ashington II	Mr. C. D. Anderson, L.D.S.
(5) Bedlington	Mr. T. T. Shields, L.D.S.
(6) Berwick	Mr. W. P. Neilson, L.D.S.
(7) Blyth I	Mrs. A. N. Cook, L.D.S.
(8) Blyth II	Mr. S. D. Shah, L.D.S.
(9) Forest Hall	Mrs. M. J. Patterson, L.D.S.
(10) Gosforth	Miss M. I. Lamb, L.D.S.
(11) Hexham Rural	Mr. T. A. Ireland, L.D.S.
(12) Hexham Urban	Miss S. E. Long, L.D.S.
(13) Morpeth	Mr. S. J. Smithson, L.D.S.
(14) Morpeth Rural	Mr. A. E. Robinson, F.D.S.R.C.S.
(15) Newburn	Mrs. J. T. Griffin, L.D.S.
(16) Prudhoe	Mrs. S. J. Haggie, B.D.S.
(17) Shiremoor	Miss P. M. Adamson, B.D.S.
(18) Seaton Valley I	Mr. W. Robson, L.D.S.
(19) Seaton Valley II	Miss J. Munro, L.D.S.
(20) Throckley	Miss H. C. Gent, B.D.S.
(21) Wallsend I	Mr. K. Wake, L.D.S.
(22) Wallsend II	Mrs. J. A. Bodenham, L.D.S.
(23) Whitley Bay	Mr. E. T. Cunnell, B.D.S.

DENTAL TREATMENT

Graph showing percentage of children found to be Dentally Fit at routine dental inspections for the years 1928 to 1954 inclusive



General Observations.

The general picture of dental health during the year is much the same as in the previous year. The graph of children showing dental fitness on inspection is still taking a downward trend. This, one feels, is explainable by the fact that the incidence of dental caries is still on the increase.

It was only possible to examine 30,381 children, about half of the school population, in the year, which was very disappointing. The objective of annual dental inspection of every school child in the County each year still appears to be as difficult to attain as ever. There have been very welcome additions to the number of dentists engaged in this valuable work and yet their efforts to attain this goal seem to be balanced, if not outstripped, by the rapid increase in the school population and by the increase in the incidence of dental caries.

On the treatment side, however, the picture gives cause for optimism. The ratio of fillings to extractions in the permanent dentition once again showing improvement. The table below shows this comparison over a period of six years:—

	1949.	1950.	1951.	1952.	1953.	1954.
Fillings (Permanent teeth)	11,812	10,341	10,593	17,218	16,349	20,754
Extractions (Permanent teeth)	2,471	2,289	3,174	4,468	4,594	4,690
Ratio	4.78	4.51	3.33	3.85	3.5	4.4

It will be seen that the ratio of 4.4 fillings to extractions for the current year is almost as good as that reached in 1949, the best year on record, but of greater interest is the fact that both the number of fillings and extractions completed is almost double that carried out in 1949.

The total volume of work carried out is the highest on record. This was to be expected, however, having regard to the staff increases. Thirty thousand three hundred and eighty-one children were inspected, and of these 23,177 were referred for treatment. Of this number referred, 20,190 children attended for treatment on 42,378 occasions.

Twenty four thousand three hundred and forty-two fillings were completed and 25,204 teeth were extracted during the year, and a general anaesthetic was administered on 3,647 occasions for the extraction of teeth.

The volume of orthodontic work carried out has remained much the same as during the last three years, viz., 710 appliances being fitted as compared with 673 last year.

This volume could very easily be greatly increased as the percentage of children showing malocclusion is quite high. When carrying out treatment for large numbers of school children, however, one must always bear in mind the fact that this type of work is very time consuming and to develop it very much further at present would be at the expense of the more normal forms of treatment, viz., fillings, extractions, etc. As the service is further developed, as one hopes it will be in the future, and areas become smaller and more manageable, then it will be possible to do a tremendous amount of additional good work in this field, and one feels that the School Dental Service can play a prominent part in tackling this great problem of dental orthopaedics.

Two more of our dental officers attended one session per week during the year at the Dental Hospital for instruction in Orthodontic treatment.

Eight of our dental officers, including myself, have previously had the great help and advantage of these weekly visits to the Dental Hospital, in each case for a period lasting over twelve months. This has done much to help us to improve our technique and to keep up to date with our ideas on this very interesting but very complicated subject. I should like to place on record our thanks to Professor Hallett and his staff for the help and advice which they have again given us during the year.

In addition to the 710 cases treated by use of appliances, 154 other cases were treated by extraction either of the misplaced teeth themselves or by the removal of the teeth which were causing the malocclusion.

A total of 222 partial dentures were also fitted for children who lost anterior teeth through accident or other cause.

Thirty-two dentures were repaired during the year.

Buildings and Equipment.

The year under review saw the opening of the first of the post-war clinics at Morpeth. This clinic houses all of the health services under one roof and as far as dental treatment is concerned one can say unhesitatingly it has proved to be a great success.

In addition to providing the necessary treatment for all of the schools in Morpeth, it is also most useful for the treatment of any urgent or special cases from the surrounding country.

The equipment is up-to-date, comprising a Sterling Junior Dental Unit and Chair, Operating Light, McKesson Anaesthetic apparatus and X-ray Unit.

The accommodation in this new clinic is also quite good, with separate dental waiting room, recovery room, and a very useful small dental workroom or laboratory attached to the surgery, which can also be used as a dark room.

During the year, alterations and adaptations were completed at Prudhoe and this has given us a most useful and well-equipped clinic. Facilities are now available at this centre for doing anaesthetic sessions and for radiography, in addition to routine dental treatment.

A new dental trailer was delivered towards the end of the year and is a replacement for the old trailer which had been in use in the Berwick area for many years.

This trailer, with its modern equipment and improved working conditions, is much appreciated by patients and staff alike.

X-ray Units were installed in Throckley, Ashington, Prudhoe, Gosforth and Alnwick during the year and are proving to be of great value. 986 radiographs were taken during this period.

In conclusion, I should like to record our thanks to the Head Teachers and staffs of the County schools, for their continued valuable help and co-operation during the year.

EXTRACTS FROM AREA REPORTS OF SCHOOL DENTAL OFFICERS.

Amble (Mr. J. W. Russell).

This is my first year as Dental Officer in this clinic, which I have been responsible for equipping, within such limits as the Principal School Dental Officer defined, as a full-time clinic. In this task I found that I was given a good measure of scope in choosing instruments, and the surgery is reasonably equipped now for ordinary surgical purposes and conservation of teeth.

My Dental Attendant, Mrs. Crossley, is proving very useful and conscientious. In addition to ordinary functions about the Clinic, she knows the district and people well, and helps greatly, as does a very helpful staff of Health Visitors, in sorting out "human problems."

The population consists mainly of people of mining, fishing and agricultural occupations, and the patients are conscientious in keeping appointments, though punctual attendance from outlying parts is manifestly impossible. In this spread-out district, really bad weather plays havoc with the timetable. For several years the Clinic was only open one day each week,

which only provided an emergency service, so that the percentage of school children requiring treatment is very high, nearly 90 per cent. Oral hygiene is good with a low incidence of gingival pathological conditions, but education in dental matters is very evidently lacking, both amongst children and expectant mothers, the latter being very reluctant to consent to conservative treatment, though willing to listen to advice and keen if once persuaded.

Progress is difficult to evaluate, as much leeway is having to be made up as compared with a well-established clinic, but it is most encouraging to me. The acceptance rate of treatment of school children is good, over 80 per cent., but the parents have not as yet had time to adopt a definite attitude towards the service provided, and it is a considerable advantage that there is little ingrained prejudice against the "Dentist at the Clinic."

Four schools were inspected, but the treatment required has proved to be so extensive that it is not even approaching completion.

As regards dental equipment, the provision of X-ray equipment and Orthodontic apparatus has been requested, to enable the essential radiographic confirmation of clinical diagnosis and more Orthodontic work to be brought within the scope of the clinic. These are basic essentials.

Perhaps less vital, but very desirable, would be a Dental Unit, or at least a chair fixing bracket for the angle-poise lamp, to reduce the untidy assortment of fittings around the Dental Chair.

The making up of leeway in treatment would be facilitated by the working for a year or two of one or two evening sessions weekly, after which a normal service *might* cope with the treatment for the present commitment of some 2,000 children.

In conclusion, it has been a frequent experience when talking to parents to be told that they were very relieved to hear that this is now a full-time clinic.

Berwick (Mr. W. P. Neilson).

Throughout the year under review, I regret that I am unable to report any improvement in the general condition of children's teeth in this area. Rather, it is disturbing to note the increasing number of cases with early erupting permanent teeth of poor and doubtful quality, thus rendering them vulnerable to the action of mouth acids and caries.

Another disturbing factor is the increase in the amount of permanent teeth referred for conservation, which on preparation and excavation are found to be involved to such an extent that extraction in the end is inevitable.

The number of casual patients attending for treatment continues to be high, due no doubt to the protracted interval between visits to schools.

In my opinion and especially with regard to the general conditions now prevailing, an efficient and satisfactory dental service can only be attained if all school children in the area be given the chance of dental treatment during every period of nine months.

The acceptance rate throughout the area is very good.

Guide Post (Mr. T. T. Shields).

The demand for emergency and Maternity and Child Welfare treatment shows no sign of abating and is, if anything, increasing. At the moment there is a three to four weeks' waiting list for the latter, immediate priority being given to pre-school children, the majority of whom require multiple extractions.

Even with the benefit of a weekly General Anaesthetic Session with the able assistance of Dr. J. Hamilton, there is still a two to three weeks' waiting time for it.

If allowed to get out of hand, all this could disrupt the already comparatively slow circuit of routine inspections of this, one of the largest commitments (over 4,000), but on the whole this is tending to improve.

Haltwhistle (Mr. T. A. Ireland).

The general condition of the teeth of the children in this area shows no improvement on previous years.

The extent of caries infiltration into the tooth structure appears to have increased, and more time is being spent on all fillings, rarely does one find a small pin point cavity.

Orthodontic treatment in a rural area necessitates fortnightly visits to many schools to adjust the appliances, as the children are unable to attend a central clinic. This extra day each fortnight, coupled with the Maternity and Child Welfare Clinics, leaves only three days each week and two days every alternate week for routine treatment at the schools.

Morpeth (Mr. S. J. Smithson).

The general dental condition in this area is much the same as in the previous year, i.e. reasonably good, although there is an increase in caries.

The emphasis of treatment is still mainly conservative and the acceptance rate remains fairly good at 75 per cent. average.

The new clinic has been opened this year, which has greatly facilitated treatment and co-operation between Medical Officers and Health Visitors, and General Anaesthetics are now able to be arranged weekly in this clinic. The Orthodontic facilities have also improved with the opening of this building and more parents are becoming aware of this. Consequently the demand for treatment is high.

It is unfortunate that although the general dental condition is good, there remains a large group of children who regularly refuse dental treatment and whose oral hygiene is very poor. In this group, brushing the teeth is almost never practised, due, no doubt, largely to a lack of parental instruction or example, and treatment is refused apart from extraction of teeth in the case of toothache.

The results of this gross neglect and ignorance of oral hygiene can readily be seen in the Maternity and Child Welfare cases, where multiple extractions in young mothers are frequent and where many full dentures have to be fitted in the 18-25 years age group.

There are, however, an increasing number of mothers who are being persuaded to have conservative treatment and gradually an improvement is being noticed.

Seaton Valley I (Mr. W. Robson).

In this area there is little change in the general condition of the school children's teeth, except for an increase in the incidence of caries. This seems to be of a rather rapid nature and is, in many cases, making attempts at conservation very difficult, if not impossible.

Seaton Valley Area II (Miss J. Munro).

Since starting in this area in January, 1954, I have been round about half of the schools. The acceptance for treatment has been between 70 to 90 per cent.

A caries-free deciduous or permanent dentition is rare, but on the whole the teeth are strong and well-formed.

In infant schools there are few first permanent molars to fill, the odd one to be extracted and many deciduous extractions done with local anaesthetic wherever possible.

In primary schools the picture is roughly the same. Most first permanent molars require fillings at this stage, more require to be extracted and the odd child has anterior caries.

In the modern schools, there are usually many molar and a fair amount of premolar extractions. Anteriors are only extracted as a last resort, there being roughly five children at each of these schools requiring root fillings. Occasionally an upper first premolar in a good mouth is root-filled.

There are still many parents who "don't believe in fillings" and want their children to "have all the bad ones out," and send letters to that effect. I find that talking to the parents in these cases does not do any good, as the majority have worn dentures since their 'teens and tell me that their children will have to lose their teeth some time, so why bother with fillings.

If the child is reasonably intelligent, a talk will convince him that fillings are both painless with the use of a local anaesthetic and much better than extractions, and he will, in turn, convince the parents or at least get permission to have the necessary treatment.

Throckley (Miss H. C. Gent).

The school population has risen rapidly during the past year, the opening of the primary school at West Denton accounting largely for this increase. It is obvious that there is much work to be done as many of these children have come to live in the area recently, and the younger members in particular have received no dental treatment previously. It is encouraging to find that the treatment acceptance rate is good.

There is a steady demand for orthodontic treatment and the installation of an X-ray Unit and a spot welder has greatly facilitated this work.

Maternity and Child Welfare Clinics are held regularly, but those seeking casual treatment only still outnumber those desiring a complete course of treatment. More pre-school children are being treated and the benefits of early and regular attention are already apparent.

The co-operation of the teaching staff and of the Health Visitors, and the interest they have shown at all times, have been greatly appreciated.

Wallsend I (Mr. K. Wake).

Generally speaking there is very little change in the dental condition of this area from year to year.

The acceptance rate has risen slightly over the last year and attendance for treatment is extremely good. Consequently 80 per cent. of the work done has been devoted to routine conservative treatment.

Whitley Bay (Mr. E. T. Cunnell).

The volume of work accomplished has been increased and it is gratifying to note that the ratio of fillings to extractions has gradually lengthened.

The demand for orthodontic treatment, particularly for aesthetic reasons, continues to increase, and private practitioners are continually referring their orthodontic cases to the school clinic.

Oral hygiene in the area varies considerably, but it is hoped that it will improve when the "toothbrush scheme" has been introduced. This should help to reduce the initial onslaught of decay on the caries prone fissures of the first permanent molars. In an attempt to prevent the decay of these teeth, twenty cases have been selected and the erupting crowns of the lower right first permanent molars have been flooded with black copper cement, the corresponding teeth of the left side of the mandible acting as a control. Whilst this is not intended to be a truly scientific experiment, the results may prove to be of some value.

Prudhoe (Mrs. S. J. Haggie).

It is encouraging to note that fewer children are now seen at routine dental inspection with hopelessly carious permanent teeth. In cases where this is still seen, treatment has usually been refused at a previous visit.

The general dental health remains poor, and the standard of oral hygiene is bad, but this varies greatly from school to school. It is distressing to see cases of gross parodontal disease in children who are leaving school and who appear to be quite unconcerned about the prospect of losing their permanent teeth. Attempts to improve this by talks and films do produce some effect, although only temporarily, and it is felt that an oral hygienist who could devote all her time to this work would be of enormous value. The child who knows the correct method of using a toothbrush appears to be the exception and not the rule.

The number of orthodontic cases under treatment is increasing steadily, the provision of a spot welder has been a great help, and now several fixed appliances are being used, and it has been possible to use fixed retainers and space maintainers, which are of great assistance. The provision of an X-ray Unit has been of great assistance generally, and particularly in the orthodontic field.

It is now possible to hold a weekly general anaesthetic session, which has proved of great assistance.

GENERAL CONDITION.

All the School Medical Officers report that the general health of the school children was satisfactory, and this is borne out in the following table, which shows that 98 per cent. are good (better than normal) or fair (normal), whilst only 2 per cent. could be classed as poor. This compares favourably with the rest of the country. Some school doctors, however, point out that posture still leaves much to be desired.

Category.	Percentage.	
	1953.	1954.
A (Good)	40.1	36.9
B (Fair)	57.8	61.1
C (Poor)	2.1	2.0

MILK IN SCHOOLS SCHEME.

Set out below are details of the supply of milk to schools under the above scheme as at 31st December, 1954:—

Grade of Milk.	No. of Schools.	Percentage of Schools.	Percentage of Pupils.
Pasteurised	249	70.1	84.5
Tuberculin Tested ..	68	19.2	13.5
Ungraded	27	7.6	1.7
Dried Milk	8	2.2	.2
No supply	3	.9	.1

The percentage of schools receiving pasteurised milk has continued to increase with a consequent reduction in the Tuberculin Tested and ungraded figures. There was no change in the number of schools without a supply of fresh milk under the scheme, all of these being small schools in isolated rural areas, for which, in spite of repeated efforts by all concerned, no satisfactory arrangements could be made.

All new sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing was also carried out.

With the Ministry of Education's change in policy requiring school milk supplies in future to be by normal tendering procedure, some changes in the list of suppliers may be expected in the ensuing year. The vigilance of the department will be necessary to ensure that this policy does not result in a lowering of the standard which has been gradually improving during the past few years.

PROVISION OF MEALS.

The Director of Education has kindly sent the following report relative to the provision of meals in schools:—

SCHOOL MEALS SERVICE.

September, 1953—July, 1954.

A total of 6,635,071 meals were served from 218 kitchens during the year.

Meals were transported to 119 schools from central kitchens. Direct service of meals from kitchen to dining rooms, school halls or classrooms, was made in 234 schools.

There was a definite reduction in the meals supplied after the increased charge was made from 1st March, 1953, but during the year the numbers have gradually increased; some of the increase is, of course, due to the larger school population, but a number of the old customers have come back again.

The average total cost of the meal has steadily risen since the war, as shown in the following table:—

Financial Year.	Gross Average Cost per Meal.
1945—46	9·07
1946—47	10·35
1947—48	11·77
1948—49	12·08
1949—50	13·59
1950—51	14·22
1951—52	15·18
1952—53	16·89
1953—54	17·69

The proportion of children taking meals varies tremendously in different districts. Many reasons are given for the variation but reliable data is difficult to obtain. In the Throckley and Walbottle areas, well populated mining districts, 75 per cent. of the children take meals, although all live possibly within half-a-mile of their school. In Ashington, a mining district, only 40 per cent. of the children take a meal. In Blyth, a mining and shipyard area, only 27 per cent. of the children use the service.

Three kitchens have been closed. Longframlington, because of the closure of the school and the transfer of the children to Newton-on-the-Moor, where the kitchen was extended to cater for them. Alternative arrangements for the supply of meals to Ashington Hirst East Infants' School and Ashington Hirst North Infants' School have been made, as their kitchens were closed because the buildings were not suitable for re-modelling.

Four kitchens were opened, two of them at new schools.

Glendale County Secondary School, where 94 per cent. of the children take meals and Seaton Burn County Secondary School, where 80 per cent. of the children have their meal.

Birtley C.E. Primary School was re-opened after a long closure owing to difficulty in staffing the school.

Embleton C.E. Primary School. Previously the children of Embleton had been able to have meals at a local cafe. Since the opening of the school kitchen three times as many children take the meal.

It has not been found possible to establish a kitchen to serve the Wooler County and C. of E. Primary Schools, but arrangements have now been made with a local cafe for all children who cannot get home for the meal. About seventy children use this service.

There are still 13 schools without a meals service:—

Keenley County Primary.
 Windyhaugh County Primary.
 Bedlington, Whitley Memorial Church of England.
 Berwick, Bell Tower County Modern.
 Berwick, Junior Church of England.
 Berwick, St. Mary's Church of England.
 Berwick County Primary.
 Tweedmouth East County Primary.
 Doddington Church of England.
 Crookham County Primary.
 Kidland, Kidlandlee County Primary.
 Morpeth Roman Catholic.
 Carrshield County Primary.

It is hoped that permission will be given to build kitchens to serve the Berwick Schools in the next financial year.

The isolated hill schools of Kidlandlee (8 children), Windyhaugh (8 children) had for some years a supplementary meal of the Oslo Breakfast type, but in this sparsely populated area no one is available at present to prepare these meals.

Arrangements have been made for a meals service to be established at Bedlington Whitley Memorial School and Carrshield County Primary School within the next year.

Milk in Schools Scheme.

Eleven schools (all in the rural areas) are without a supply of fresh milk. At eight of these schools full cream dried milk is supplied.

The children at three schools do not like the reconstituted milk and decline to have it.

85·14 per cent. of the children take milk in Northumberland and the Excepted District of Wallsend.

REPORT ON PHYSICAL EDUCATION FOR THE YEAR 1954.

Girls.

The year has seen the publication of the Ministry of Education's "Moving and Growing" and "Planning the Programme"—eagerly awaited books. It is pleasing to note that many of the principles outlined in both these books fall into similar lines to those already in practice in the County. Some of the statements are provocative of thought and therefore stimulating to the deep thinking teachers. There is a need now for a further publication on Secondary work.

In the County's programme poor weather conditions have retarded routine progression in many schools, particularly the rural ones, and on the games side in particular. Too much classroom work has disturbed the balance. But in spite of this set-back, interest and enthusiasm remain unimpaired, and it is to the credit of the teachers that they can always expect a question from their children: "Isn't it time for P.E. yet?"

This year the county N.U.T. has spread its physical education interest over three areas instead of one, as in previous years. Miss Jacques and Miss Morgan were also invited to give demonstrations in Morpeth and Blyth respectively, and the senior organiser in Alnwick, the main emphasis in all demonstrations being on movement to music for infants and rural physical education. It should be stressed here that whenever organisers wish for classes of children for such demonstrations there is one hundred per cent. willingness and co-operation from Head Teachers and assistants.

A sessional (6) course has been taken in Gosforth Modern School by Miss Jacques for primary (mainly juniors) teachers in dance movement, and Miss Morgan has taken a course of the same duration for specialist teachers in Gosforth Grammar School. These classes were extremely well attended and the interest maintained. It is hoped to organise the traditional Easter course in 1955.

On the Youth Service side, assistance has been given in the organisation of a netball rally in Blyth, which was most successful. This venture has stimulated a desire to run a similar one in September, 1954, for rounders. The senior organiser has also given demonstrations to a Boys' Club in Gilsland on indoor games.

During the year a pamphlet on Infant and Junior Dancing (music and movement) has been drawn up and circulated to schools.

It is hoped that the organising staff may be permitted in the coming years to make periodic visits to see work in other counties and that more opportunities be given for specialists to meet and see demonstrations in County schools for subsequent discussions.

School Staffing.

This shows a slight improvement in the number of applications received for specialist posts, but the three-year trained specialist continues to be a rarity. There are still only three such teachers in the County. It is felt that college authorities could co-operate much more by encouraging such specialists to apply for secondary modern posts, where generally, conditions are much better than in grammar schools.

Apparatus.

Five more infant schools have been supplied with Essex apparatus and shortly six junior schools will each be equipped with a set of Shropshire apparatus—climbing frames in portable steel units. All new schools are to be equipped thus, if possible.

Storage is still a vexed problem and remains almost entirely unsolved in the older schools.

It is hoped that it will become a general policy for gymnastic apparatus of all types to be inspected once each year, or every two years.

Conditions.

After careful observation over a period of twelve months it is felt that the non-skid dressing on gymnastic floors is not as effective as was anticipated—apparatus is often dangerously unstable.

There has been no reduction in the loan of playing fields, etc., by Urban District Authorities, and one more has been added to the list—North Seaton Miners' Welfare Scheme, which should be a tremendous boon to both schools.

It is still a matter for concern that in the building of new schools the playing fields develop some considerable time after the school building is complete. It is felt that this time lag could be reduced.

The time will surely come when playing surfaces for hockey will be of the hard, non-maintenance Redgra type. Although expensive in the initial outlay, this kind of surface requires little attention once it has been laid, and drains so well that all the year round hockey can be envisaged.

Games.

(a) *Netball*.—The usual seven area rallies have been staged and the winners at Longbenton County Primary School were Linskill Modern, Tynemouth. It is becoming increasingly more difficult for rural schools to produce any reasonable team on account of having lost their seniors to modern schools. Thus they are deprived of a most valuable contact with other schools.

(b) *Rounders*.—Cramlington Modern won the inter-area rally at Gosforth in the senior section and Horsley County Primary in the rural. The hitting of some of the boys was prodigious.

(c) *Hockey*.—The Secondary Schools Tournament was held for the first time at Morpeth Modern School, where three pitches made organisation, by Miss Morgan, so much more simple. Bedlington Grammar School were the winners after a dour struggle with Berwick Grammar School. It was pleasing to note the entry from a private school from Fourstones.

Schools have had the rare opportunity of seeing two first-class matches, the North v. South Africa, and the English reserves v. Scottish reserves, both in Newcastle. Both events were well patronised by schoolgirls, a good many from modern schools.

It is anticipated that the official All-England coach will visit the North in October, 1954.

(d) *Tennis*.—This continues to develop in modern schools, which are now approaching the stage when they can challenge other schools.

It is a matter for profound regret that the scheme, first mooted in 1949, of providing net surrounds for courts on hard surfaces, is still incomplete. Public courts continue to be hired as for last season.

(e) *Cricket*.—This, as yet, has practically no support from schools, mainly because facilities are poor and so few women teachers have the necessary knowledge or aptitude for the game. However, some schools did interest themselves in the New Zealand Touring Team v. the North in Newcastle.

Swimming.

This has been carried on as usual, with the emphasis on junior training in Ashington, Bedlington, Wallsend, Berwick Tynemouth, Northumberland Road, Newcastle, and Fenham, Newcastle.

Athletics.

The usual area athletics took place and the County championships, won by Newcastle, were held in Tynemouth, where a number of County records were broken.

The season has been dominated by the National Championships held in Ashington on July 16th and 17th. Obviously much leisure time has had to be spent on the organisation of this stupendous event, and it must be recorded that the efforts of all teachers have been wonderful ; the prestige of the County was at stake and the County teachers made this their opportunity to show what a wholehearted effort can achieve.

The County contingent, 60 strong, brought up the rear in the parade of athletes, as "host county" and there was no small stirring of emotions as Mr. Attlee took their salute.

On the Friday, some 7,000 children from all parts of the County flocked to see the preliminary heats and it should be placed on record how extremely well these children behaved, whether in knowledgeable silence for the starter's gun or in appreciation of a worthy winner.

On actual performance it was not the County's year, and we were only able to gain a "second" in the intermediate girls' discus event. At the same time, it was matter for pride that for the first time in the County's athletic history, we "fielded" the maximum number of competitors. Altogether, a most memorable occasion.

It is with pleasure we once more record the help and co-operation given to the P.E. Department by the Medical Department.

*Boys.**General.*

The main emphasis of the work has again been on "purposeful activity" and on the integration of basic techniques of games and athletics into the body of the lesson. Teachers are making efforts to analyse movements for themselves and get down to the fundamental details.

In consequence, a considerable amount of revision of schemes of work has had to be done. The teaching of these fundamental details has undoubtedly shown the need for specialist knowledge and courses have been arranged during the year to cope with this necessity. More courses are, however, needed to tackle the problem in a really satisfactory way.

Courses.

Teachers' courses have been arranged on a week-end residential basis during the past year and have proved most beneficial. They were concentrated as a sessional course could never be. They were most enjoyable and it was felt that the problem was really being tackled. For instance, it was possible to discuss at great length various aspects of the work even after the official sessions had finished and this gave an interest and value which could not have been achieved by a sessional course.

A week-end course in Athletics for 20 students was held during November at the Bedlington Station County Modern School under the tutorship of Mr. J. Dodd, Senior Lecturer in Carnegie P.E. College. All aspects of the work were demonstrated, explained and coached by Mr. Dodd, who is really an expert at his job. A formidable amount of coaching and lecturing was done during the two days.

A second residential course was also held at Bedlington Station County Modern School in February, with Mr. H. Crabtree, Organiser of Physical Education for Essex, who is Honorary Cricket Coach to M.C.C., as the lecturer. The course embraced the fundamental aspects of cricket coaching in schools. Considerable use was made of visual aids like film strips and loop films. Both these courses were greatly appreciated.

Games.

Association Football.

Over 200 schools in the County taking part in organised soccer reveals the great interest shown. The provision of a County Coach by the Football Association to assist games masters in coaching schemes has proved most successful.

The Senior County Trophy was won by Tynemouth boys, the South Intermediate boys won the Curry Cup, whilst the Sir Francis Blake Trophy was retained by Blyth Grammar School. An Amble County Modern schoolboy, Alan Spears, was selected to play for England against the other three home nations, a very great honour, indeed. A Tynemouth boy, Harry Dobson, was an international trialist.

The outstanding feature of the past year was the signal honour conferred upon Mr. W. H. Morgan, who in this Jubilee year of Schools Football, was unanimously elected Chairman of the English Schools F.A. and presided over Jubilee functions in London and Manchester. It is a pleasure to pay tribute to one who for thirty years has represented

Northumberland, Cumberland and North Durham, and has endeared himself to schoolboy enthusiasts throughout the country by his high standards, his friendliness and sound commonsense. All Northumberland sports masters and schoolboys wish him well in his retirement and trust the same happy results will attend the efforts of his successor, Mr. W. Dawson, Head Master of Bebside County Modern School.

Cricket.

There is little to report in the realms of cricket. The weather prevented many matches from reaching any satisfactory conclusions. As a result of the cricket coaching course, however, some first-rate coaching lessons were seen during the summer term.

Athletics.

Ten area associations are all active in the promotion of athletics in schools. It is with great pleasure that we welcome the Royal Grammar School into the Newcastle Branch of the County Athletic Association.

The County Championships were held in Tynemouth this year and all arrangements for the meeting were in the hands of the Tynemouth Area Committee. Thanks must be extended to Tynemouth Education Committee for all the facilities which were afforded at the Ralph Gardner Schools and at the Collingwood playing fields. It is hoped that other areas in course of time will wish to stage the County Meeting on their own localities.

It has indeed been a notable year for Northumberland in the realms of athletics. The All-England Meeting, sponsored by the *News Chronicle*, was staged at the Hirst Welfare, Ashington. The vast amount of work necessary for a meeting of this kind involved scores of Head Teachers, teachers and organisers in many months of committee work. Special thanks must be extended to Mr. G. Hemming, the County Secretary, for the terrific amount of work he put in to ensure the success of the meeting. Billets had to be found for 1,900 competitors and stewards from thirty-nine counties of England. In addition, two meals per day had to be provided for all competitors and officials, and this was most capably done by the School Meals Service. The grateful thanks of the Northumberland Schools Athletic Association is extended to the Northumberland Education Committee for its unstinting help in making this meeting possible.

Most gratifying, too, was the generous provision by the Committee of badly needed athletic equipment. Sixty hurdles, vaulting poles and equipment, high jump standards and two steel tapes have been provided this year and the Association is now able to stage its own meetings without the necessity of borrowing equipment from other sources. It is hoped to purchase further items annually.

Staffing.

The staffing problem of specialist physical education teachers is somewhat easier. There are now seven qualified three or four year trained teachers in the Grammar Schools, which is two more than last year. There is, however, still a need for three year trained teachers in the Modern Schools, but despite this the work done by many of the existing staffs is of excellent standard.

Further Education.

Thirty-four evening classes for men were organised during the winter session. These consisted of recreational, gymnastic, athletic and games coaching, folk and ballroom dancing. The standard of instruction in nearly all cases was highly satisfactory. Some very useful work was done in the athletic classes at Whitley Grammar School. The athletic classes at Whitley Grammar School were continued into the summer term and greatly appreciated. Other successful summer classes were also held at Wallsend, Stevenson Memorial School and Shiremoor County Modern School.

Fields.

Many of the fields in the County are in better condition than they have ever been. Cutting is regularly attended to and a few have been drained. It is a pleasure to report that the Cramlington County Modern field has at long last been levelled, drained and sown, and that Shiremoor School field is progressing well. It is, however, hoped that in future, efforts will be made to prepare school playing fields on new sites at the same time as the schools themselves are being built. It is important to inculcate good games conditions such as changing and showers right at the very outset of a new school's life.

Swimming.

It has been a successful year and instruction has been carried out at Berwick, Ashington, Wallsend, Jesmond and Fenham Baths. The money allocated by the Committee for swimming instruction is very well spent.

MISCELLANEOUS.

The routine work of the School Medical Officers is as reported in the previous pages of this report, but many other types of examination are carried out. They are requested by the Youth Employment Officer of the Ministry of Labour and National Service to examine children whose names may require to be placed on the Disabled Persons (Employment) Register. Children are examined for fitness to undertake part-time employment such as delivery of newspapers, goods etc., and pantomimes. It is the responsibility of the School Health Service to examine entrants for Teachers' Training Colleges and also those qualified to enter the teaching profession. School children in the care of the Local Authority are also examined annually. The duties of the School Doctors also include their attendance at Child Welfare Centres. It will be seen, therefore, that although they do not examine from the "cradle to the grave," they often follow a child's medical history well into adult life.

The following miscellaneous examinations were carried out:—

Examination of children for admission to Disabled Persons (Employment) Register	39
Examination of children for part-time employment..	960
Examination of boarded-out children	144
Examination of staff (teachers, etc.)	25
Examination of entrants to Training Colleges ..	208
Number of sessions at Infant Welfare Centres ..	188

During recent years a large housing estate has been established in a county area adjacent to a city and the population has transferred from less desirable houses to new ones. The School Medical Officer who works in this new area has reported as follows:—

" School Health in a New Housing Area.

The Longbenton Housing Estate has a total of 1,784 houses occupied, and nearly half of these (830) have been occupied since 1954. The number of children of all ages in these 830 new houses is approximately 1,723 (I owe these figures to the kindness of the Housing Inspector, Newcastle City Council).

By September, 1954, the children on the estate were served by four schools of their own, already now, unfortunately, overcrowded. The Infant and Junior Schools were entering their second year of work and the Modern Boys' and Girls' were opened in September. Besides this, a number of infants and juniors are taken by bus to Burradon School.

The teachers in these schools have played a great part in welding the estate into a "unit," giving the parents a sense of local pride and neighbourliness, and have in this way done a great deal to promote the happiness and mental health of the children. The interest and co-operation of the teachers and their keenness in bringing forward cases needing investigation and treatment is very much appreciated and one feels that in these schools "defects" such as deafness, poor co-ordination, poor vision and poor general condition will not go un-noticed.

The light, airy and warm buildings with indoor and heated cloakrooms are very helpful, as are also the medical rooms, which make it easy to come in and see special or urgent cases without disrupting the classes.

In the general examinations, the health of the young children has been found similar to that in other parts of the area. Approximately 13 per cent. of the entrants needed treatment, and nearly half of these cases were defects of vision found on routine examination with the "E" card. As most of these visual defects affected one eye only, the error is unlikely to be detected by parent or teacher since the child apparently sees well. Very few children were found who could not co-operate with the "E" test.

Among the older girls, a much larger proportion of foot defects was found in Longbenton than in other parts of the area. Most of these were due to the footwear. Some families, whose income level remains low, and who perhaps are in addition "bad managers," may never have new shoes. Shoes in such cases are always bought at jumble sales. In one such case, a girl of 13 complaining repeatedly of painful feet new shoes were bought by County funds, under the Supervision of the Orthopaedic Sister".

REPORT OF THE SCHOOL HEALTH SERVICE IN WALLSEND.

During 1954 there was considerable reduction in the amount of work carried out in Wallsend owing to the lack of an assistant medical officer for approximately four months. As a result the number of routine medical inspections fell, the middle age group being affected particularly. The situation improved when the new assistant commenced duty at the beginning of October.

Preparations for B.C.G. vaccination continued during the year with a view to making a start at the beginning of 1955. A further 870 children were Mantoux tested with the following results : 5 year old age group 4·1 per cent. positive; this figure compares with 3·4 per cent. for the same age group in 1953. This low incidence is interesting and considered in conjunction with the 30 per cent. of positive reactions found in the 14 year old age group in 1953, indicates the importance of B.C.G. vaccination now that the possibility of acquiring natural immunity seems to be so low.

Several cases of tuberculosis (6 pulmonary and 1 non-pulmonary) occurred in school children during the year and steps were taken to offer chest x-rays to all children in contact.

As in past years, a large part of the school medical officers' time was taken up with examining and reporting on children who had been found to be making poor progress at school. Unfortunately, at the present time, few, if any, of the recommendations made for special education were likely to be put into effect owing to the lack of special schools. The difficulties facing education authorities at the present day are well-known—the shortage of accommodation and of staff. Yet, those who come in contact frequently with backward children are often inclined to wonder whether it would not be advisable to provide reduced facilities for normal children who have learned to read and write satisfactorily and so be able to provide increased facilities for backward children, who are unlikely to derive any benefit at all from school under present conditions.

The improvement in the length of time waiting for E.N.T. consultations and operations was maintained during 1954. The position with regard to Ophthalmic and Orthopaedic examinations continued to be satisfactory.

One would like to be able to conclude this brief report by stating that there had been a reduction in the percentage of children found to be verminous or lacking in cleanliness. Despite all our efforts there has been little impression so far on the small number of families whose standards are very low and the efforts already made will have to be maintained.

PREMISES (OTHER THAN SCHOOLS) ACCOMMODATING CLINICS AT WHICH SCHOOL CHILDREN RECEIVED TREATMENT DURING 1954.

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.	Consultant and Minor Ailment.
ALNWICK— Alnwick Child Welfare Centre, 11, Bondgate Without, Alnwick The Infirmary, Alnwick	Tuesday and Wednesday	Monthly when required	Thursday a.m. 2nd and 4th Thursday— Surgeon Session	Wednesday fortnightly	Monday and Thursday p.m.	
AMBLE— Child Welfare Centre, 43, High Street, Amble	Daily	Alternate months when required	2nd and 4th Tuesday a.m.			
ASHINGTON— Child Welfare Centre, South View, Ashington	Daily					
Ashington Hospital						
School Clinic, Bolsover Street, Ashington		Wednesday	Tuesday a.m.	Tuesday fortnightly	Monday p.m. Thursday a.m.	
BEDLINGTON— Child Welfare Centre, South Parade, Choppington	Daily	Tuesday	Thursday a.m.		Monday a.m. Thursday p.m.	
BERWICK— The Infirmary, Berwick			1st and 3rd Tuesday a.m.	Monday		
Greenhaven, Berwick	Wednesday					
BLYTH— Child Welfare Centre, Waterloo Road, Blyth						
School Clinic, Wellington House, Blyth	Daily	Friday	Tuesday a.m.	Thursday a.m. and p.m.	Monday p.m. Thursday a.m.	Monday all day Wednesday p.m. Thursday p.m.
CRAMLINGTON— Child Welfare Centre, Cramlington Hostel	Friday	Alternate months when required				
DUDLEY— Dudley Welfare Centre, Dudley	Thursday and Friday	Alternate months when required			Tuesday and Friday a.m.	
FOREST HALL— Child Welfare Centre	Tuesday				Monday a.m. Wednesday a.m. Friday a.m. Saturday a.m.	

	Dental.	Ophthalmic.	Orthopaedic.	Speech.	Ultra Violet Light.	Consultant and Minor Ailment.
GOSFORTH— Child Welfare Centre, Church Road, Gosforth	Daily		Thursday	Tuesday fortnightly	Tuesday a.m. Friday a.m.	Saturday a.m.
HALTWHISTLE— War Memorial Hospital, Haltwhistle	Monday	2nd Wednesday p.m.	2nd and 4th Tuesday a.m.			
HEXHAM— General Hospital	Tuesday and Friday		Friday a.m.			
MORPETH— The Health Centre, Gas House Lane, Morpeth	Thursday p.m.	Tuesday monthly				
NEWBURN— 2, Newburn Road	Daily	Alternate months when required				
PONTELAND— Child Welfare Centre, Emergency Hospital		Two sessions monthly when required	2nd and 4th Friday p.m.	Friday a.m.		Wednesday
PRUDHOE— Child Welfare Centre, Oakwood Terrace, Prudhoe	Monday and Thursday	Monday			Monday a.m. Thursday a.m.	
SEATON DELAVAL— Child Welfare Centre		Monthly when required	Monday a.m.		Monday p.m. Friday p.m.	
SHIREMOOR— Child Welfare Centre, nr. Anne Street, Shiremoor	Daily	Monday p.m.	Monday a.m.			Monday Tuesday Thursday Saturday a.m.
THROCKLEY— Child Welfare Centre, Mayfield Avenue, Throckley	Daily					
WHITLEY BAY— Nurses' Home		Alternate months as required				
WOOLER— Child Welfare Centre, West End Flats, Wooler		Monday p.m. Tuesday	Wednesday Alternate Fridays	Wednesday fortnightly	Tuesday a.m. Friday a.m.	Wednesday a.m.
WALLSEND— Health Centre, The Green, Wallsend	Daily				Clinics operate from October to March	

SCHOOLS ACCOMMODATING CLINICS AT WHICH
SCHOOL CHILDREN RECEIVED TREATMENT
DURING 1954.

	Dental.	Ophthalmic.	Speech.
Bellingham County Modern	Tuesday	Monthly	
Gosforth West C.P. Junior		Do.	
Longbenton C.P. Junior ..		Do.	
Monkseaton West C.P.			
Junior		Do.	
Otterburn C.P.		As required	
Rothbury, Thomlinson's ..		3-monthly as required	
Seaton Burn C.P. .. .		Monthly	
Hexham County Modern ...		Do.	Friday p.m.

In addition, there are 13 mobile Dental Clinics operating in the County.

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1954.

NORTHUMBERLAND
(including Wallsend Divisional Executive).

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and number of children examined in each:—				
Entrants to Primary Schools (5 years)	..	..	..	6,889
Entrants to Senior or Grammar (11 years)	..	..	..	1,443
Leavers	..	..	..	4,179
	Total	..	..	12,511
Additional Periodic Inspections	..	..	..	1,007
	Grand Total	..	..	13,518

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	6,670
Number of Re-inspections	..	..	..	17,345
	Total	..	..	24,015

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected.				For defective vision (excluding squint).	For any of the other conditions recorded in Table IIa.	Total individual pupils.
(1)				(2)	(3)	(4)
As above	..	..	..	122	957	1,063
Do.	..	..	..	125	152	268
Do.	..	..	..	319	359	645
Total	..	..	..	566	1,468	1,976
Additional Periodic Inspections				123	152	256
Grand Total	..	..	..	689	1,620	2,232

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED 31ST.
DECEMBER, 1954.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treatment. (2)	Requiring to be kept under observation, but not requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but not requiring treatment. (5)
4	Skin	241	185	176	102
5	Eyes:—				
	(a) Vision	666	601	1,779	1,129
	(b) Squint	209	166	365	174
	(c) Other	59	68	82	51
6	Ears:—				
	(a) Hearing	61	111	119	120
	(b) Otitis Media	82	100	58	68
	(c) Other	25	31	14	38
7	Nose or Throat	373	831	321	415
8	Speech	84	187	148	154
9	Cervical Glands	17	191	14	71
10	Heart and Circulation	34	187	38	184
11	Lungs	118	339	115	191
12	Developmental:—				
	(a) Hernia	23	59	28	24
	(b) Other	22	94	28	80
13	Orthopaedic:—				
	(a) Posture	31	109	23	149
	(b) Flat Foot	107	187	61	151
	(c) Other	186	373	141	245
14	Nervous System:—				
	(a) Epilepsy	8	21	19	20
	(b) Other	25	42	24	80
15	Psychological:—				
	(a) Development	7	98	103	176
	(b) Stability	3	59	36	101
16	Other	133	360	159	450

B.—CLASSIFICATION OF THE GENERAL CONDITION
OF PUPILS INSPECTED DURING THE YEAR IN
THE AGE GROUPS.

Age Groups. (1)	No. of Pupils Inspected. (2)	A (Good).		B (Fair).		C (Poor).	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)	No. (7)	% of Col. 2 (8)
Entrants to Primary Schools (5 years)	6,889	2,148	31·2	4,594	66·7	147	2·1
Entrants to Senior or Gram- mar Schools (11 years) ..	1,443	585	40·5	827	57·3	31	2·2
Leavers	4,179	1,861	44·5	2,260	54·1	58	1·4
Additional Periodic Inspection	1,007	388	38·5	585	58·1	34	3·4
Total ..	13,518	4,982	36·9	8,266	61·1	270	2·0

TABLE III.

INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	169,112
(ii) Total number of <i>individual</i> pupils found to be infested ..	4,199
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

GROUP I.—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table III).

						Number of cases treated or under treatment during the year.	
						By the Authority.	Otherwise.
Ringworm—	(i)	Scalp	..	..	..	3	19
	(ii)	Body	..	..	..	3	37
Scabies	..	..	..	..	..	5	15
Impetigo	..	..	..	..	..	87	275
Other skin diseases	..	..	..	..	..	78	99
Total						176	445

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

						Number of cases dealt with.	
						By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	..	..	..	..	..	135	61
Errors of refraction (including squint)	..	..	..	..	..	6,261	502
Total						6,396	563
Number of pupils for whom spectacles were:							
(a) Prescribed	..	..	..	..	..	3,560	510
(b) Obtained	..	..	..	..	..	3,497	505

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment:—		
(a) For diseases of the ear	—	11
(b) For adenoids and chronic tonsillitis..	—	1,133
(c) For other nose and throat conditions..	—	15
Received other forms of treatment ..	65	221
Total	65	1,380

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	98	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments	2,555	274

GROUP V.—CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	—	41

GROUP VI.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	529	84

GROUP VII.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	300	176
(b) Other than (a) above (<i>specify</i>):—		
(1) Appendicectomy	—	31
(2) Heart Condition	—	6
(3) Rheumatic Condition	—	10
(4) Psychological	—	5
(5) Hernia	—	14
(6) Diseases of Nervous System	—	11
(7) Developmental	—	4
(8) Accidents	—	29
(9) Investigation for Abdominal and Other Conditions	—	39
(10) Various	—	111
Total	300	436

TABLE V.
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—						
(a) At Periodic Inspections	..	..	..	..	..	23,276
(b) As Specials	..	..	..	..	..	7,105
Total (1)						<u>30,381</u>
(2) Number found to require treatment	..	..	..	..	..	23,859
(3) Number offered treatment	..	..	..	..	..	23,177
(4) Number actually treated	..	..	..	..	..	20,190
(5) Attendances made by pupils for treatment	..	..	..	..	..	<u>42,378</u>
(6) Half-days devoted to:—						
Periodic Inspection	..	..	..	..	..	280
Treatment	..	..	..	..	..	7,202
Total (6)						<u>7,482</u>
(7) Fillings:—						
Permanent teeth	..	..	..	..	..	20,754
Temporary teeth	..	..	..	..	..	3,588
Total (7)						<u>24,342</u>
(8) Number of teeth filled:—						
Permanent teeth	..	..	..	..	..	17,142
Temporary teeth	..	..	..	..	..	3,163
Total (8)						<u>20,305</u>
Extractions:—						
Permanent teeth	..	..	..	..	..	4,690
Temporary teeth	..	..	..	..	..	20,514
Total (9)						<u>25,204</u>
(10) Administration of general anaesthetics for extraction	..	..	..	..	..	<u>3,647</u>
(11) Other operations:—						
Permanent teeth	..	..	..	..	..	11,412
Temporary teeth	..	..	..	..	..	4,539
Total (11)						<u>15,951</u>



